

KY Child and Adult Care Food Program Income Application

2008-2009 Adult Day Care Centers

Complete this form in order for this center to qualify for reimbursement for meals served to the participants.

1. PARTICIPANT INFORMATION (print)

Name of Participant

Birthdate

2. PROGRAM BENEFITS

Food Stamp#

SSI #

Medicaid #

1. _____
2. _____

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp, SSI or Medicaid case number, go to Part 4.

NAMES OF HOUSEHOLD MEMBERS		GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
LAST	FIRST				
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X _____ X _____ X _____
Signature of Adult Household Member Date Social Security Number*

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____

Street/Apt.No. _____ City/State/Zip _____

5. RACE: Please check the racial or ethnic identity of the participant. You are not required to complete this part.

____ White, not Hispanic ____ Black, not Hispanic ____ Hispanic ____ Asian/Pacific Islander ____ American Indian/Alaskan Native

*Section 9 of the National School Lunch Act requires that, unless your participant's food stamp, SSI, or Medicaid case number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provisions of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting the food stamp or welfare office to determine current certification for receipt of food stamps, SSI, or Medicaid benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

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MONTHLY INCOME CONVERSION – WEEKLY X 52

____ Food Stamp/SSI/Medicaid Household

____ Income Household

Total Household Monthly Income: _____

Household Size: _____

EVERY 2 WEEKS X 26

Application approved for:

TWICE A MONTH X 24

☐ Free Meals

☐ Reduced Price Meals

☐ Paid

Temporary approval for:

☐ Free Meals, Expires: _____

Signature of Determining Official

Date

W/D Date

Re-enter Date